

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortmann  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N46179** (0)

1. Corporation Name

**GIRLS CLUB OF ALACHUA COUNTY FOUNDATION, INC.**

Principal Place of Business

2101 N.W. 39TH AVE.  
GAINESVILLE FL 32605

Mailing Address

2101 N.W. 39TH AVE.  
GAINESVILLE FL 32605



2	Principal Place of Business	2a	Mailing Address
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
11/22/1991	01/26/1995
4. FID Number	Applied For
59-3120455	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CLEMENTS, RENAE  
2101 N.W. 39TH AVE.  
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature of the person named in Block 9 (the current agent)

Signature of Registered Agent (if not the person named in Block 9)

DATE

12. OFFICERS AND DIRECTORS	13. ADDING CHANGES TO OFFICERS AND DIRECTORS																																																																																																																								
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Karl Owens* Karl Owens, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 (352) 337-2888

Disc

Online Filing

CR2E037 (12/95)